PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

as

| maintenance rec notifications. | | | | | | nould be completed where correspondence address as rate "FEE ADDRESS" for |
|--|--|---|---|---------------------------|--|---|
| CUBERT CORRESPONDENT ADDRESS (Not. Use Heck 1 for my change of safters) Note: A certificate of mailing can only be used for domestic mailing from the control of the contr | | | | | | |
| 10003 WOODLOCH FOREST DRIVE THE WOODLANDS, TX 77380 | | | Certificate of Malling or Transmission I hereby certify that this Fee(s) Transmilal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2855, on the date indicated below. | | | |
| | | A | mber Collins | | | (Depositor's name) |
| | | | | | (Signature) | |
| | | | | | | (Dute) |
| APPLICATION NO. FILING DATE | | FIRST NAMED INVENTO | R : | ATTORNE | Y DOCKET NO. | CONFIRMATION NO. |
| 10/567,318 02/07/2006 TITLE OF INVENTION: | | | Bernhard Saller | | M 842078 | 6681 |
| | | | | | | |
| PHOTOCROSSLINKABLE POLYURETHAN | ES | | | | | |
| APPLN. TYPE SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUI | B FEE T | OTAL FEE(S) DUE | DATE DUB |
| nonprovisional NO | \$1440 | \$300 | \$0 | | \$1740 | 12/05/2008 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS |] | | | |
| | 1795 | 430-270100 | | | | |
| 1. Change of correspondence address or indication CFR 1.363). | | on the patent front page, list | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| "Fee Address" indication (or "Fee Address" : PTO/SB/47; Rev 03-02 or more recent) attacher Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| (A) NAME OF ASSIGNEE Hunisman Advanced Materials Americas Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Woodlands, Texas | | | | | | |
| Please check the appropriate assignce estegory or categories (will not be printed on the patent): 🔲 Individual 😢 Corporation or other private group entity | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | |
| | ☐ Issue Feo ☐ A check is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | |
| | mitted | Payment by credit c | ard Form PTO-2038 | is attache | d | |
| ☑ Publication Fee (No small entity discount pe ☐ Advance Order - # of Copies | rmitted) | Payment by credit c The Director is herel | ard, Form PTO-2038 by authorized to char posit Account Number | is attache ge the requ | d. ilred fee(s), any de 442 — (enclose a | ficiency, or credit any nexten conv of this form). |
| ✓ Publication Fee (No small entity discount pec Advance Order - # of Copies | above) | The Director is herel overpayment, to Dep | by authorized to char sosit Account Number | ge the requer08-3 | ired fee(s), any de 442 (enclose a | |
| ☐ Publication Fee (No small entity discount pe ☐ Advance Order - # of Copies 5. Change in Entity Status (from status indicated ☐ a. Applicant claims SMALL ENTITY status | above) . See 37 CFR 1.27, | The Director is herel overpayment, to Dep | by authorized to char sosit Account Number ager claiming SMAI | ge the requer 08-3 | ilred fee(s), any de 442(enclose a Y status. See 37 CI | °R 1.27(8)(2). |
| ✓ Publication Fee (No small entity discount pec Advance Order - # of Copies | above) . See 37 CFR 1.27, | The Director is herel overpayment, to Dep | by authorized to char sosit Account Number ager claiming SMAI | ge the requer 08-3 | ilred fee(s), any de 442(enclose a Y status. See 37 CI | R 1.27(8)(2). |

Talls collection of information is required by 37 CFT, 1311. The information is required to obtain or creating benefit by the public which is to file fault by the UBPTO to proceed the process of the public which is to file fault by the UBPTO or process of the public which is to file fault by the UBPTO or process of the public through the public process of the public which is to file fault by the UBPTO. The will tray depending upon the individual case, Any comments on the amount of filing year requires to complete from the public public process of the public public process of the public process of the public public process of the public process of the public process of the public public process of the public process o

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.